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ABSTRACT

In this document, a multifactorial model of child abuse dynamics is presented. Designed to illustrate the simultaneous mutual interaction among factors contributing to an episode of child abuse, the model is intended to serve as a conceptual skeleton providing a context for comparing abuse factors. Child abuse is defined broadly as "the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances that indicate the child's health or welfare is harmed or threatened thereby." Factors related to child abuse are grouped into three major categories: parental, child, and ecological. Parental factors include demographic, sociological, psychobiological, and ethological factors. Child factors include the following categories: unwanted children, problem children, provocative behavior, and stress/anxiety disorders. The category of ecological factors includes parental interaction, single parents, family status, and class and community. Most subcategories in the model are further particularized in terms of specific conditions. Five additional categories are also described as being part of the model: precipitating situations and/or events, child abuse episode(s), primary prevention, diagnosis and treatment, and identification and reporting. (RH)

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DEFINITION AND DYNAMICS OF CHILD ABUSE: A MULTIFACTORIAL MODEL

by: John H. Meier

RESEARCH DIVISION
Monograph Series No. 3:4/83

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RESEARCH DIVISION
April 1983

U.S.A./INTERNATIONAL

DEFINITION AND DYNAMICS OF CHILD ABUSE: A MULTIFACTORIAL MODEL*

by: John H. Meier, Ph.D.

DEFINITION

The multiple dynamic factors which contribute to child abuse are kaleidoscopic, subtle and complex. This means that any definition or model of the dynamics of child abuse must be multifaceted. Even the definition of child abuse itself is highly variegated, contributing to confusing incidence and prevalence statistics, contradictory estimates of the efficacy of various treatment and prevention programs, and inconclusive research findings in general (Besharov, 1981; Giovannoni and Becerra, 1977; and Zigler, 1979). For purposes of this monograph, child abuse is broadly defined as:

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*This is #3 of a series of CHILDHELP Research Division monographs. The original paper was given at the Calif. State Psychol. Assoc. Convention, San Diego, 1978; the Fourth Annual National Conference on Child Abuse, Los Angeles, 1978; the III International Congress on Child Abuse, Amsterdam, 1980; and the NATO Advanced Seminar on Child Abuse, Les Arcs, France, 1982. It is included in J. H. Meier (Ed.) Child Abuse: Identification, Intervention and Prevention. Baltimore, MD.: University Park Press, (in press).

"the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby" (U.S. Department H.E.W., 1975, p. 3). Gelles calls child abuse a political term which, as such, "defies logical and precise scientific definition". He goes on to say, "Malnourishment, sexual abuse, failure to feed and clothe a child, allowing a child to live in a deprived or depraved environment, and helping a child stay out of school have all been defined at various times and in various laws as 'child abuse'. The definition of child abuse varies over time, across cultures, and between different social and cultural groups" (1978). Regardless of the lack of definitional precision, rigor or simplicity, the phenomenon of maltreated children is occurring and increasing throughout the world. It is crucial to understand the dynamics underlying child abuse, however defined, in order to identify, treat and prevent it.

DYNAMICS: A MULTIFACTORIAL MODEL

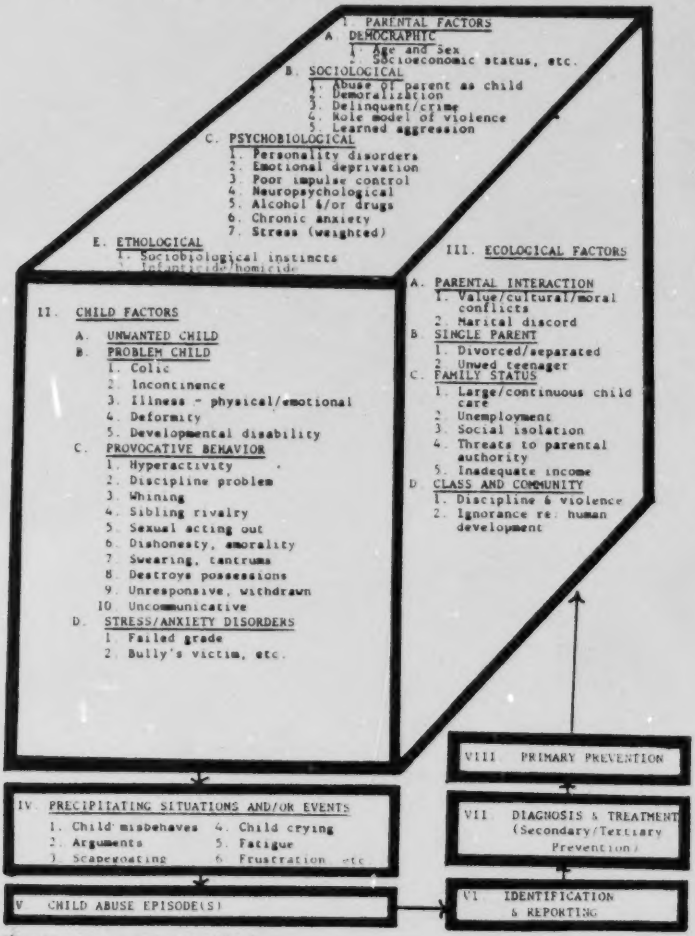
The reasons for a given child's being abused arise from factors which can be divided into three major categories: I. PARENTAL FACTORS; II. CHILD FACTORS; and III. ECOLOGICAL FACTORS. In each of these categories there are many possible factors which may occur in a wide variety of combinations and permutations to cause or contribute to an actual episode or pattern of child abuse. Since the possible interactions among these multiple factors are so numerous, there is no single set of characteristics which might be assembled into a singular

profile of the abusing/neglecting parent/perpetrator, the abused child/victim, or the abuseful environment. In fact, the inherent complexity of contributing factors in each idiosyncratic case of child abuse is a significant challenge to authorities attempting to ferret out the peculiar constellation of factors causing or contributing to a given episode of abuse or a chronic series of episodes.

Nevertheless, it is hoped that, as the state of the art and science advances, it will permit the identification of certain prevalent patterns (syndromes), typologies, and underlying causes of child abuse. This would in turn make it more feasible to plan for primary prevention, that is, prevention of child abuse before it occurs even once in a child's life. Although the complexity is presently perplexing, because the contributing factors cut across the fabric of the entire human condition, there are some common threads which can be teased out and re-woven into a multifactorial model for better understanding the sometimes crazy-quilt dynamics in a given child abuse case. This understanding is important, not only for the planning and implementation of long range primary prevention programs, but also for the more informed treatment of current child abuse cases. In this regard, the model serves to indicate or at least implicate some salient causative factors and thus proves most helpful in planning long-term secondary prevention, that is prevention of any recurrence or recidivism in a given child/victim's life.

A Multifactorial Model of Child Abuse Dynamics is presented herein (Figure 1) to serve as a gestalt with its many component parts being dealt with once over lightly in this monograph. Each of the major factors mentioned herein are addressed in

FIGURE 1 - MODEL OF CHILD ABUSE DYNAMICS*



*Developed by Meier, J.H. (1978)

greater detail in other CHILDHELP Research Division publications, wherein additional differentiation clarifies the many more subtle nuances and interrelationships. The model, then, serves as a conceptual skeleton, which is fleshed out elsewhere and serves as an operational definition of child abuse, without which incidence, prevalence and prevention efforts cannot be meaningfully compared, because they have no commonly understood context. This more comprehensive perspective in itself should help to dispell any simplistic notions about the perpetrators, the victims and the circumstances of child abuse and might in itself eliminate some of the more superficial "bandaid" or unidimensional approaches to treating, preventing, or even talking about child abuse.

The actual entries included in Figure 1 are intended to be representative and suggestive but by no means exhaustive of the many factors found in a more comprehensive treatise regarding the dynamics of child abuse. The Model was developed by Meier (1978) and was derived in part from a Social-Psychological Model of the Causes of Child Abuse (Gelles, 1977), the DSM-III Multiaxial Model for Psychopathology (American Psychiatric Association 1976), the American Humane Association's National Survey (1977), Achenbach's Child Behavior Profiles (1978), the Holmes-Rahe Social Readjustment Rating Scale (1967), The Village of Childhelp's (formerly Children's Village, U.S.A.) data base (Meier, 1983), Garbarino (1977), Helfer and Kempe (1976), Parke and Collmer (1975), Gaines, Sandgrund, Green and Power (1978) and Wodarski (1981).

The three dimensional portrayal is designed to illustrate the simultaneous mutual interaction among the factors contributing to an episode of child abuse. Understanding child abuse is a far

more demanding challenge than the currently popular and puzzling Rubiks Cube; this model hopefully will serve as a rudimentary Rubrics Cube for explaining the dynamics of child abuse.

I. PARENTAL FACTORS

Since over three-fourths of reported child abuse cases, which are later verified to be legitimate cases, can be attributed to one or both natural parents of the child, it is necessary to review the variety of factors which must be considered with regard to the biological or surrogate parents of the child. As indicated by the data from both the American Humane Association's National Surveys (1977, 1979 and 1980) and The Village's residential population (Meier, 1983), over 80% of the perpetrators of child abuse were biological mothers; other perpetrators include fathers, boyfriends, relatives, neighbors, babysitters and others, in descending order of frequency.

A. PARENTAL STATUS

1. Age of Parent/Perpetrator. The age of the perpetrator is related to the probability that child abuse will occur and is somewhat predictive of the kind of abuse (Smith, Hanson and Noble, 1973). On the lower end of the childbearing age continuum there is presently in the United States a virtual epidemic of unwed teenage pregnancies which are being carried to full-term more frequently than in previous generations. Moreover, most of the young mothers are choosing to keep their offspring rather than relinquishing them for adoption, as was recently more customary. These young mothers, who themselves are still adolescents frequently in need of considerable mothering, ordinarily do not have sufficient fiscal, physical, psychic or

parenting resources for providing all that a newborn child requires (Calderone and Johnson, 1981). The multiple reasons for these young women having their own babies at such a tender age include, to name a few: (a) a desire to at last have someone to love them (and hopefully even act as mother to them--a type of role reversal); (b) to prove their arrival as fully functioning females (the counterpart of the male "macho" phenomenon); (c) as a source of income through Aid to the Families with Dependent Children (AFDC) and other welfare programs; (d) as an achievement to which their culture attributes great meaning and admiration; (e) or, perhaps as the result of sheer ignorance about contraception (accidental conception and subsequent unwillingness to undergo an abortion, whether for cultural/religious or personal/moral reasons).

At the other end of the childbearing age continuum are those middle-aged persons, 35 years of age and older, who had not planned to have any children at all or at least any more children. For one of several reasons they have a surprise pregnancy and choose to go through with it, often to realize that their physical resources and/or emotional reservoirs have become depleted during the past several years and they are no longer a match for the unrelenting demands of a dependent newborn child. Moreover, even though these people may be at the prime of their earning capacity, when they realize that it will require more than $80,000 over the coming 18 years to provide for this new human being, the frightening financial prospects may become overwhelming.

Several studies have implicated unplanned or unwanted births as major contributors to some cases of child abuse (Parke and Collmer, 1975;

Gelles, 1973; Oates and Hufton, 1977). For example, Gelles (1973) suggests that the unplanned child is beaten not because of a projection or "transference psychosis" but because the child is seen as a source of stress and an additional unbearable burden. A possible additional complication is that mothers (and probably fathers) at either end of the childbearing age continuum, have a higher risk of producing a neurologically defective child, who is likely to be even more demanding, frustrating, and expensive to raise than a normally developing child (Meier and Sloan, 1983).

2. Sex of Parent/Perpetrator. As alluded to in the above section, the sex of the parent/perpetrator may be a contributing factor. The father/male adult may believe that sons are made tough or are prevented from becoming sissies by learning to endure being knocked around, perhaps as he was when of a similar age. Or the mother may have some hangup about cleanliness regarding little girls and severely reprimand or corporally punish a daughter for making a typical child's mess of something. Or, the parent(s) may simply be disappointed that their daughter is not a son, or vice versa, since they had great fantasies for a child of the opposite sex. For example, one mother, who had picked out blue baby clothes and planned to breast feed her baby, refused to even hold her newborn daughter and had her placed on bottle feeding immediately.

3. Socioeconomic Status. Socioeconomic status (SES) is a two factor index, proposed by Hollingshead (1957), reflecting income and occupation, which are highly related to one's level of education. The relationship between child abuse and SES is well expressed by the title of the paper, "The Myth of Classlessness in Child Abuse" (Pelton,

1978). Although it is true that child abuse is found in families ranging from the bottom to the top of the SES continuum, the highest documented prevalence is definitely within lower SES families (American Humane, 1977; Gelles, 1973; and Gil, 1971).

Smith and Bohnstedt (1982) report data on approximately 1,000 child abuse cases; they found no significant differences between abuse, neglect and molestation in terms of SES. All three groups were predominantly lower SES as indicated by their receiving financial aid. Regardless of the type of child abuse, significantly more victim's families receive financial aid than families without child abuse. In cases of neglect, there is a preponderance of lower incomes and menial occupations which prevent the family from providing both adequate food, shelter and clothing as well as intellectual, emotional and cultural enrichment, all of which are more available in middle and upper class homes parented by better educated adults. It has been argued that reported neglect is also higher among low SES families because they must use various public welfare programs such as Aid for Dependent Children, maternal and infant clinics, medicare services, food stamps, and other societal welfare benefits for low SES persons. They are thus more likely to be brought to the attention of government and/or authorities when there is any suspicion of their child's being neglected. Nonetheless, Smith and Bohnstedt found the relationship between financial aid and victimization not likely to be: (1) an artifact resulting from the detection of need for financial aid; nor (2) an artifact of an eligibility worker's rendering financial aid and incidentally detecting victimization by the close relationship with the families receiving aid.

It is also argued that although neglect is less likely to occur for reasons of monetary or educational inadequacies in middle and upper SES homes, when it does occur, it is less likely to be reported to the authorities and to become a documented statistic. In a similar fashion, in cases of physical or sexual abuse, such child maltreatment is less likely to be suspected, let alone reported, in middle and upper class families who have private family physicians. Until mandatory reporting laws were enacted in all 50 states during the past decade (see Deukmejian, 1982), professionals avoided reporting such cases for fear of reprisal, court complications, or withdrawal from their patient population. They were more inclined to give their personal patients and friends the benefit of the doubt and even the benefit of various cover-up procedures such as more benign diagnoses for non-accidental injuries to children by simply calling them accidental and not probing further. Reporting legislation now makes failure to report suspected child abuse a misdemeanor punishable by a fine, jail sentence and, more devastatingly, loss of professional licensing and credibility. Such legal sanctions have reduced this cover-up behavior and probably have contributed substantially to the noteworthy increase in reported and substantiated child abuse cases throughout the United States. More about this is contained in other CHILDHELP Research Division publications on legal issues regarding child abuse.

B. PSYCHOSOCIAL

1. Abuse of Parent as a Child. A frequently cited cliché in the field of child abuse is that in most child abuse cases, there are two victims, namely the perpetrator and the child, implying that the adult is not only a desperate

and needy person at the time when s/he abuses or neglects a child, but that there is a high probability that s/he was abused or neglected as a child only one short generation earlier. Adams (1976), Solomon (1973), Steele and Pollock (1968) and Jenkins (1970) report that most abusive parents had been abused as children. Similarly, Green, Gaines and Sandgrund (1974) report childhood rejection, criticism and severe punishment experienced by abusing mothers. Oliver and Taylor (1971) describe an account of five generations of ill-treated children in one family pedigree. This transgenerational tradition of child abuse within families is documented to be true in less than 20% of the reported cases in the National American Humane Survey (1977), but was much higher (80%) among parents of seriously abused children (Meier, 1982). One of the more intriguing research questions is: on the one hand, why do a large number of children who are abused and neglected in their childhood grow up to be exemplary parents, practically bending over backwards to assure that their children do not suffer the same plight? On the other hand, why do those children who grow up in relatively humane and gentle circumstances subsequently become abusive and neglectful as parents? The many developmental factors contributing to differential parenting skills and intuitive childrearing myths are addressed in several other CHILDHELP monographs about abusing families.

2. Demoralization. This term was proposed a while ago (1961) and recently reiterated by Frank (1981) as a general description of what has occurred to many adults before they seek or need psychotherapy. It is characterized by one or more of the following in various combinations: a sense of general incompetence, loss of control over one's life, overall distress and depression, anxiety, loneliness, occasional thought disorders and inability to cope

with everyday, not to mention extraordinary demands. He postulates that as many as 25% of the adult population suffers mild forms of this demoralization syndrome, 10% being severe enough to warrant psychotherapeutic help. Those who have found a network of socio-emotional supports and spiritual guidance from other persons or groups reported a noteworthy decline in anxiety, depression and general emotional problems. Such values clarification or inculcation evidently constitutes a kind of re-moralization for persons who have experienced demoralization. The apparent absence or inadequacy of moral development in abusing adults (and abused children, for that matter) has prompted the CHILDHELP Research Division to sponsor an extensive collaborative research network at several major universities throughout America to investigate such relationships (Meier, 1983).

3. Delinquency/Crime - History of Antisocial Behavior. The so-called psychopathic personality often commits crimes against property and other human beings, and may be more common than statistics suggest since it is a difficult condition to adequately diagnose. Baldwin and Oliver (1975) report a significant association between abuse and criminality. Similarly, Smith and Bohnstadt (1982) have identified criminal histories as quite prevalent among child abusers. Alfaro (1978) and Meier (1979) have marshalled considerable evidence for a high correlation between child abuse and juvenile delinquency, which is frequently a stepping stone to adult crime.

The psychopath has been traditionally defined as a predominantly amoral or antisocial person characterized by impulsive, irresponsible actions satisfying only immediate and narcissistic interests

without concern for obvious and implicit social consequences, accompanied by minimal outward evidence of anxiety or guilt. The Diagnostic and Statistical Manual of Mental Disorders (Spitzer, 1978) redistributes some of these characteristics and places several of them, including Child Abuse itself, under "Condition not Attributable to a Mental Disorder". This suggests that child abusing behavior results from a moral/ethical disorder - a disorder or deficiency of character, the sort of deterioration or lack of sociopsychological maturation suggested by demoralization discussed above.

The stages of moral development proposed by Kohlberg (1980) would place many parents/perpetrators of child abuse at a relatively primitive level exemplified by an eye-for-an-eye and a tooth-for-a-tooth belief system of retaliative justice. Thus, if a child bites an adult, the adult literally bites back to let the child know how it feels. The resort to inflicting corporal pain and suffering is also commonplace, whether by commission of real physical beatings or omission of food, causing hunger and other distress. It is noteworthy that on the part of a representative sample of abused children at The Village there is a relatively reduced sense of pain or at least fewer somatic complaints (Scholz and Meier, in press) which in turn may be due to having experienced so much pain - a kind of psychic anesthesia. This may lead to their not being aware of how much others hurt when similar pain is inflicted upon them, contributing to an inability to empathize with others who are suffering from psychic or physical pain.

4. Role Model of Violence. Children tend to identify with the psychological parent(s) in their lives and if that parent is one who prescribes

and practices violent solutions to any problems, "never force anything, just get a bigger hammer", it is likely that the child will identify with this aggressor. Whether one subscribes to the Freudian notions of identification and introjection or the Piagetian ideas of assimilation and accommodation, this learned violent attitude seems to be passed on to the next generation (Galdston, 1971).

Hence, such a violent attitude is thought amenable to intervention through systematic substitution and learning of more gentle and humane ways of shaping one's own and other's behavior. Some re-education is often necessary to enlighten violent persons about alternatives to expressing violence whether they direct it inwardly (intropunitive) or outwardly (extropunitive). Rosenzweig (1972) has researched this bipolar approach to frustration resolution and sheds light on child abuse dynamics.

5. Learned Aggression. Instead of presenting oneself as an aggressive role model, sometimes a very passive and withdrawn, yet significant, parent figure will systematically teach a child to become assertive, to be tough, and to act in an aggressive manner which the adult was never able to do but enjoys doing it vicariously through his/her offspring. This may be exemplified in a socially acceptable form in various children's sports where the parents seem to be the real protagonists, albeit on the sidelines. In the extreme, this can lead into the role reversal phenomenon, whereby the child is expected to become the champion for the adult's needs and even serve as the adult's spokesperson and procure those things which the adult alone is unable to obtain. Some parents may even teach the child to commit crimes or sexual

acts which the adult does not have enough courage to attempt. Such behaviors, which have been systematically reinforced, have to be unlearned and replaced with more socially acceptable behaviors. Other CHILDHELP Research Division monographs on child development and treatment address specific theoretical and practical aspects of such antisocial and maladjusted behavior.

C. PSYCHOBIOLOGICAL

1. Personality Disorders - Mental Illness. Although fewer than 10% of the adult or parent perpetrators of child abuse and neglect can be technically classified as schizophrenic or psychotic (Steele, 1975), those who are so diagnosed have a particularly guarded prognosis since, for the most part, such severe underlying psychopathology does not respond to psychotherapy rapidly enough (if at all) for the parents to catch up with the child's developmental needs and meet their own peculiar needs simultaneously. Hyman and Parr (1978) found a higher degree of moderate chronic psychiatric disorder in mothers of abused children. Griswold and Billingsley (1969) found that female abusers obtained high scores on MMPI subscales indicative of psychotic inclinations. In another study, Hyman (1978) compared 37 abusing and control parents on Cattel's 16 P.F. test. The abusing parents had lower ego control, integration and higher suspiciousness. Paulson, et al. (1975) analyzed the MMPI profiles of abusive parents. Abusive mothers were excessively aggressive; male abuser profiles had significantly more psychotic overtones. Such disturbed parents have often created such bizarre home environment and early learning experience for the child(ren) that considerable unlearning of inappropriate behaviors and attitudes

must precede any constructive rehabilitation. These abnormal early experiences may be so wanting as to contribute to the development of the so-called "Swiss-cheese" child, who has not received appropriate or adequate cognitive and affective input during various critical developmental stages and remains somewhat incomplete as a fully functioning human being in terms of his/her ability to relate to others and to feel good about him/herself. When this person becomes a parent s/he is dealing from an incomplete or damaged deck of behavioral cards.

2. Emotional Deprivation. It is noteworthy that many abusing adults are described not only in terms described above but also frequently manifest an overall lack of emotional expression sometimes called a flatness of affect. They seem as though they have not had sufficient emotional input as youngsters and thus have no reservoir of feelings to draw upon for expressing love, hate, fear, etc. This lack of emotional input from not being cuddled as infants to not being loved as adults makes it unlikely that they will have much if any deep emotional input to give their offspring. Simplistic bumper stickers asking, indeed recommending, "Have you hugged your child today?" represent the notion that every human appreciates, even needs such basic physical expression of emotional caring. One authority on emotional development somewhat facetiously prescribes four hugs a day for survival, eight for maintenance, and twelve for optimum emotional growth (Simon, 1976); it seems analogous to the folk wisdom in the advice, "a pinch to grow an inch but a smile to grow a mile."

3. Poor Impulse Control. The cliché, "There but for the grace of God, go I", is one frequently mentioned in discussions about who are the perpetrators of child abuse. This suggests that without

some mystical insight and control anyone might abuse his/her child(ren). Although it is true that most parents do have the physical, psychological and economic power to inflict abuse on their child(ren), most do not. Each person seems to have a threshold of tolerance for frustration and there seem to be different heights of this threshold among people and even within the same person at different times. Spinetta and Rigler (1972) describe child abusers as having a general defect in character that allows aggressive impulses to be expressed freely. To put this in perspective, it is interesting to note that the DSM-III classified behaviors such as pathological gambling, kleptomania, and pyromania in the same category with intermittent or isolated explosive disorders. People have varying levels of fascination or irresistible attraction to gambling, stealing and arson - perhaps there are related drives toward violence? For example, some people are known to have a "short fuse" and to easily "fly off the handle", whereas others are known to be "slow burners", who have a great deal of tolerance and patience (the ability to suffer or gain perspective by counting to ten) before or instead of resorting to violent expressions of anger. Furthermore, the same person, during different periods in his/her life or even during different periods of the day (due to such things as hunger, fatigue, etc.), may have an undulating and unpredictable variation in threshold of frustration tolerance. Other people are known to be calm and easygoing under the most adverse of circumstances.

These individual differences are important with respect to the prognosis for family reunification and guesstimates about potential further child abuse episodes (recidivism). Such behaviors are very difficult to subject to systematic and objective

testing, since it is difficult to simulate the kinds of stresses which might precipitate a loss of control. Moreover, ethical and professional considerations preclude deliberately inducing such frustration to prompt episodes of child abuse or adult breakdowns.

Another interpretation of a lack of tolerance refers to the inability of a parent or child caregivers to tolerate child behavior, which may be quite normal for a given child. Due to unrealistic expectations imposed upon the child, s/he is almost certain to fail in the eyes of the adult, who may then resort to unwarranted and abusive corrective procedures. Such lack of understanding and tolerance for normal child behavior was true in over one half of The Village cases of child abuse.

4. Neuropsychological Disorders. This is a controversial factor referring to the effects of brain damage or neurological dysfunction on the adult's impulse control system. It implies that the perpetrator is not totally in control of his/her emotions because of minimal brain dysfunction or damage (MBD). This MBD may have been caused by traumatic insults to the neuropsychological system, such as head injuries, perhaps sustained from abuse as a child. Or the dysfunction may be due to a genetic predisposition and consequent endocrinological imbalances; for example an XYY sex chromosome, instead of the standard XY sex chromosome, has been suggested as predisposing a male to more active and violent behavior (Mednick, 1977).

One of the functions of the ascending reticular activating system in the human central nervous system is to filter out stimuli which are irrelevant to those upon which the organism must focus either

for survival or optimum functioning. Malfunction of this system is frequently manifest in behavior characterized as distractible and even hyperkinetic. However, most of the behavioral manifestations attributable to such dysfunction are of a sensorimotor nature and use observations of bodily activity levels to determine normal or abnormal functioning. A person experiencing difficulties in this neuropsychological realm has difficulty in learning information and skills which require concentrated attention. It is believed that many learning disorders, with their attendant behavioral aberrations and emotional distress, are attributable to MBD.

In addition to the elevated incidence of MBD and learning disabilities found among abused children and their parents (inferred through clinical and anecdotal histories) there is a remarkable increase in the amount of psychopathology and sociopathology. Recent neuropsychological theory is indicating that one of the principal functions of the frontal lobes is analogous to the ascending reticular activating system but responsible for filtering cognitive and affective input and giving feedback to the rest of the brain and entire organism regarding appropriateness of behavior. Frontal lobe impairment and/or immaturity is implicated in a lack of flexibility or ability to correct behavior even when an error is perceived, a lack of ego strength and personality integration, a lack of verbal regulation of behavior, and a general lack of abstraction and problem solving abilities, to name several prominent deficiencies (Walsh, 1978). Since the specific functions of the frontal lobe remain rather unclear and since they are the last sections of the brain to become fully myelinated and hence the last to reach developmental maturity (during adolescence), it has been suggested that the frontal

lobes may be the seat of many complex socio/behavioral mediators as yet not well understood or documented. In addition to the many other functions attributed to the frontal lobes, the experience with abused children and abusing parents suggests that because of the extraordinarily inconsistent and chaotic social milieu in which they are immersed, they are probably unable to make sense of the confused and contradictory inputs and are neuropsychologically and/or experientially rendered unable to distinguish what is appropriate from inappropriate behavior in various interpersonal social settings. This may in turn lead to additional abuse in a vicious cycle.

5. Alcohol and/or Drug Dependence. Abuse of alcohol and drugs among parents/perpetrators of child abuse and neglect is found in about one fifth of the cases. The interaction of several phenomena is usually found. The substance abuser may be seeking an escape from many real and/or perceived stresses in his/her life. As the alcohol and/or drug dulls the person's normal inhibitory system, more primitive and violent behavior is permitted and expressed. Although it is true that these substances typically increase sexual desire but reduce ability to perform they do not reduce the relatively overwhelming strength and power an adult has compared with a small child. The adult's sense of propriety may be so dulled that not only are sexual liberties taken with the child but physical damage is inflicted and memory may be so impaired that there is no remorse.

6. Chronic Anxiety. Some people are referred to as being "high strung" or nervous types who are often overly active or distractible and seem to have a high level of free-floating anxiety which

can readily be elicited by any number of seemingly minor events. It is conceivable that some of these persons are adult versions of hyperkinetic children and, possibly for neurological reasons, are unable to relax mentally or even sit still. Others are so fear-ridden or guilt-ridden that the anxiety from this state of mind can take a reverse form and render them paralyzed, gradually sinking into withdrawal and even deep depression which occasionally may lead to suicidal (intropunitive) attempts. Such anxiety may be a part of a larger state of demoralization discussed above.

7. Stress. Holmes and Rahe (1967) have devised a Social Readjustment Rating Scale of normal life events and assigned to each event a weighted numerical value equivalent to the event's contribution to a person's stress. These events range from the death of a spouse (100 points) to being put in jail or other institution (63) to being fired (47) to such a seemingly benign event as a vacation (13). Each event is placed in a hierarchy from one to 100 points and those events present in a given person's life during the past year are added and, if the cumulative score is 300 or more, there is an 80% risk that the person will suffer some sort of major health breakdown in response to the overload of stress in his/her life. It is remarkable how many of these events are present in the case histories of abusing parents. In a recent study, Egeland, Breitenbucher and Rosenberg (in press) administered a modified version of Cochrane and Robertson's Life Event Inventory to a sample of 267 primiparous women at risk for abusing their children. The inventory administered 12 months after the birth of the infant, differentiated between a subsample of 32 mothers who mistreated their children, and a subsample of 33 mothers who provided

adequate care. Since the majority of stressed mothers did not abuse their children, it remains to be answered why some stressed mothers abuse their children while others, experiencing similar amounts of stress, do not. Justin and Duncan (1976) found that abusive parents showed much higher levels of stress and change in their lives than non-abusive parents with problem children.

This entire series of factors in reminiscent of a book entitled, Helpful Hints to Puzzling Diagnoses written by Alvarez (1956) in which he made the generalization that a transmission of psychophysical vulnerability, developmental deviations and behavioral anomalies all seem interrelated and seem to repeatedly manisfest themselves from generation to generation. However, they may take a different form, depending upon the vulnerable organs/or psychic systems (some develop ulcers whereas others develop hypertension or colitis) and some resort to criminal behavior whereas others may be child abusers, etc. Some become homicidal and others suicidal depending on whether they have learned to turn their violent feelings outward (extrapunitive) or inward (intropunitive).

D. ETHOLOGICAL/SOCIOBIOLOGICAL

1. Sociobiological Instincts. Although it is customarily unthinkable and at least very controversial, there is considerable evidence from research findings regarding instincts and patterns of survival in nonhuman animals which suggests that similar primitive drives remain subtly active in mankind as well (Leak and Christopher, 1982; Van den Berge, 1979). Prominant ethologists and comparative sociobiologists have advanced many other analogs of child abuse and neglect which

seem to be manifest in primates and other animal species (other CHILDHELP Research Division publications on the sociobiological aspects of child abuse elaborate on these issues). For example, the anxious attachment found in monkeys who were abused by their mothers or the learned aggression displayed by primates as a result of repeated frustration (Harlow, 1958), raises the feasibility of similar dynamics occurring in other non-humans and human species alike.

2. Infanticidal/Homicidal Tendency. One example has to do with the Darwinian notion of survival of the fittest. Carried to one extreme, this drive is expressed by some bird species which will restrict egg production lest they have more hungry offspring than the available food supply and their anticipated energy resources can satisfy. Examples of non-humans exposing their weaker offspring to certain death by abandoning them to other predators is regarded as natural. Obviously, this becomes quite a different issue when it involves infanticide/homicide in the human race, since this scarcely seems civil and directly violates the principle of a society's quality being judged by what it does for its weakest members. The infanticidal/homicidal practices of such groups as the Spartans in ancient history and the Nazis in contemporary history send shivers of fear up the spines of most civilized people. To further complicate matters, the bioethical discussion about deliberate abortion and euthanasia, in view of the rapidly rising cost of raising a normally developing child, not to mention a handicapped one, simply adds to the flames of heated discussion. Some posit that an argument against evolution is the contrast between instinctual drives in lower animals toward protecting

the fittest and eliminating the weakest versus the very reverse posture of civilized humans protecting the weakest through the concerted efforts of the more fit.

II. CHILD FACTORS

A. UNWANTED CHILD

The Judeo-Christian ethic prevails in our culture and mandates that children are sacred human beings. Influential pressure groups place nearly irresistible pressure upon adolescents to have and to keep children, whether they want them or not. The technological advances in contraceptive devices and procedures have reduced the numbers of unwanted children and contributed to the phenomenon of zero population growth within the United States. Now more and more couples are saying that they intend to have only one or perhaps two children when they are ready. Nevertheless, many unwanted children are conceived and carried to full term, born into circumstances where many mixed emotions flow, such as the joy of coming of age, the resentment towards having an unwanted child, the guilt about those feelings, the unwillingness to relinquish the loved child coupled with the desire to be foot loose and fancy free.

Gelles (1973) suggests that the "unwanted/unplanned child" is beaten not because of a projection or transference psychosis, but because the child is concretely seen as a source of stress and trouble. Oates and Hufton (1977) found that 92% of the 24 failure to thrive children in their sample were unplanned pregnancies. 75% of these children were the youngest in their family born within 18 (mean) months of the next sibling.

B. PROBLEM CHILD

1. Colic. Ounsted, Oppenheimer, and Lindsay (1974) report the prevalence of colic, irritability and crying among battered children. A child with the colic can be exasperating to not only parents who are mature and competent but even more so to parents who have many other problems in their lives. If a colicky child cannot be soothed and cries all day and night, the parent often interprets this as rejection as a parent because of his/her inability to somehow quiet this persistently noisy and inconsolable little human being, often referred to as a "little monster" as patience wanes. Such crying may be interpreted as a rejection and a reminder to the parent that s/he is a failure in the parenting role, which may only precipitate further re[illegible]atment and prevent a caring relationship from developing. Some children's cries are more irritating to adults, adding fuel to an already enraged disposition.

2. Incontinence. Children develop their ability to voluntarily control their bladder and bowel movements at varying ages and some have more difficulty and delay in this than others. If a parent has a preconceived notion as to when a child should stop wetting or dirtying his/her diaper and the child fails to comply, a parent may become quite frustrated and attempt to force the child to learn proper elimination habits before it is possible. In some cases, the child trains the parent, who literally jumps to all sorts of cues which the child emits in order to rush the child to the toilet, often too late and amid such a flurry that the child is further confused.

Other aforementioned factors compound this, such as insufficient income to supply plenty of

disposable diapers to keep the washing machine in good repair. It is not difficult to identify with the tired, unemployed adult's anger when his/her child, in the middle of the night and just as the last clean diaper is in place has diahhrea all over the place possibly due to inappropriate diet or sickness. A vicious downward cycle of interaction might ensue, with the enraged parent inflicting punishment upon the bottom of genitalia, which only further complicates the entire episode. There are examples of hips being displaced by an angry parent's jerking the legs of the child apart when the child seems not to be cooperating in the diapering process. Persons visiting China and witnessing childrearing techniques there are quite impressed with the absence of tension and crying and the apparent ease with which toilet training is achieved.

3. Illness-Mental/Physical. If an infant or toddler is not feeling well and yet cannot talk and explain what the nature of his/her discomfort is, it can be quite difficult for the parent to interact effectively with the child. Chronic illnesses, which require additional care and supervision in some cases only speed up the potential process of progressive disenchantment, which occurs when the caregiver has the responsibility for continuous child care with no outside help or support system to make this task bearable. On the other hand, there are occasional martyr-like parents who seem to thrive upon illness in their children, perhaps because it gives them an increased sense of importance, and they may unconsciously contribute to the prolongation of the illness and exaggerated dependence. This sometimes results in infantalizing or smother loving of older children, whose parents will not let them mature and become independent.

4. Deformity. Most parents have in their minds and even in their conversation conceptualized an ideal child who will grow up to be some ideal adult. The reality of a helpless, demanding, dependent, self-centered infant is a difficult enough challenge and when the child is deformed in visible ways that make him/her look different from the pictures on babyfood containers, the parents may become quite disappointed and distraught. Ounsted et al. (1974), and Gil (1970) discuss the role of physical handicaps in the abusive process. In a hospital survey of maltreated children, Birrell and Birrell (1968) found a direct relationship between physical deformities, prematurity and child management problems. They are therefore at higher risk for one or more kinds of child abuse.

In such instances, it may be necessary for the parents to go through a process similar to the imagined death of the idealized child, who is never to be theirs. They must come to the realizaton that this real physically-deformed infant is theirs and must be substituted for the non-existent ideal child. This may require going through several stages of reconciliation including the denial that such a handicapped child is theirs, the grief that in fact this is their child and ultimately the philosophical acceptance of such acts of God. They may have to deal with any guilt they may feel for somehow causing these deformities and eventually develop a realistic adjustment and determination to now care for this new non-ideal individual, whom they can and usually do learn to love.

5. Developmental Disability. There is presently a good deal of discussion and investigation into the relationship between various handicapping

conditions and child abuse. In some cases it is difficult to ascertain whether a child's handicap contributed to his/her abuse or the abuse was the cause of the handicap (see CHILDHELP Research Division Monograph entitled, "Acts of God and/or Rites of Families - Accidental Versus Inflicted Child Disabilities", Meier and Sloan, [in preparation]). In the more dramatic cases of fragile infants, who, for example, are vigorously shaken and sustain subdural hematomas, it seems clear that the abuse is the cause of the brain damage and handicapped condition of the child. However, in some instances, it is not clear whether the reason the child was vigorously shaken was due to some other provocative behavior or possibly some gross mismatch between child and parent (Green; and Chess and Thomas, 1980). For example, some children are much more active than others; when a very active mother gives birth to a lethargic child or a lethargic mother has a very active child, this mismatch in activity level or temperament alone may lead to a child abuse incident that may subsequently result in developmental delay or disability.

There is a wide range of severity for damage inflicted upon an infant. Some early insults may not manifest themselves until later stages of growth and development (Martin, 1976 and Kempe and Helfer, 1973). For example, a child who does not seem to be developing language adequately may be shown on audiometric testing to have some loss in the ability to hear certain sounds in the spoken language and therefore not be able to imitate these sounds in his/her own speech. A significant number of the Village children who have endured physical abuse are turning up with what are known as "soft" neurological signs such as mild hearing loss (Billingslea, 1979), probably caused by slapping

or other trauma to their heads. Such head trauma may cause not only damage to the delicate ear organ itself but possibly result in minimal cerebral dysfunction which does not show up until later more advanced stages of development and cognitive functioning are reached.

In the Village population the distribution of mental functioning is skewed toward the lower end of the intelligence range with significantly lower scores on verbal subtests than on performance subtests (see CHILDHELP Research Division Monograph entitled, "The Impact of Child Abuse on Children's Development", Scholz and Meier [in press]). This intelligence deficit may be due to damaged cortical tissues in the brain which enable more abstract thinking processes to occur and/or under developed brain capacity due to lack of experience in problem-solving and information learning opportunities. Elmer (1967) presents an excellent discussion of the developmental characteristics of abused children.

In their study of abused children, Hyman et al. (1978) report a developmental lag in abused children as measured by Bayley Tests; the mean motor and mental scale quotients were 89 and 94.6, respectively. Hyman, et al. suggests that these developmental deficits are presumed to arise from the inhibiting abusive home environment. Additionally, Oates and Hufton (1977) found that 1/3 of the abused children in their three year follow-up study were developmentally delayed. Parke and Collmer (1975) also identify cognitive damage in abused children, including mental retardation and developmental lags. Finally, Elmer and Gregg (1967) and Sandgrund, Gaines and Green (1974) report a higher incidence of mental retardation among physically abused children.

C. PROVOCATIVE BEHAVIOR(S)

1. Hyperactivity. This term is truly a relative one since what is considered to be a normal healthy active baby or child to one set of parents or teachers may be regarded as far too active or underactive to others. The occurrence of behavior which meets the actual clinical definition of pathological hyperkinesis is relatively rare. It is often discovered that what is considered to be a "hyper" child is simply a child who is metabolically more active than the persons who are describing him or than the circumstances in which s/he is growing and developing and can accommodate. It may be that expectations are so confusing or inappropriate that it is difficult or impossible for him/her to concentrate on any given task for any length of time. Thus, in many cases, hyperactivity is a problem of a mismatch between caregivers and an individual child. Moreover, a child's neurological dysfunction may doubly aggravate his/her parents' neuropsychological disorders discussed above.

There are some children whose activity level is physiologically on "overdrive" or apparently out of control due to specific brain dysfunction, which may or may not be responsive to medical intervention with psychoactive chemicals. These children may have attention deficits to the extent that they cannot focus on any given opportunity to learn and, because of their fleeting attention span, they do not master tasks normally expected for children of their age. Then they are punished for failing to meet normal expectations which only exacerbates their frustration and fear of future failure, which becomes increasingly inevitable in another vicious cycle. Compared to non-abused children, physically abused children have been reported to demonstrate a higher incidence of hyperactivity (Friedman, 1972, and Green, Gaines and

Sandgrund, 1974). Oates and Hufton (1977) found that 27% of a failure to thrive sample were identified by their parents and teachers as hyperactive. Lastly, Gil (1971) found that 25% of a nationwide sample of child abuse cases involved children described as persistently annoying and overactive.

2. Discipline Problem. This too is a somewhat generic kind of behavior disorder that is in part related to its definition. As pointed out above, the term discipline has as its root the word disciple referring basically to a learner or follower of a model or mentor. In many instances it is remarkable to note how closely a child imitates an adult and is so good at mirroring what the adult, upon reflection, considers to be obnoxious or mocking behavior; then, the child is considered to be a "discipline problem". The problem may in fact not be the child's but the adult's. On the other hand, if the child does have a learning disorder and is unable to follow instructions or even understand them because of the child's hearing disorder, and the adult's inconsistency, a discipline problem may indeed ensue.

Gelles (1974) has pointed out that child abuse case studies frequently indicate that parents complain of persistent noncompliance in their children. Reid, Taplin and Loeber (1981) (see CHILDHELP Research Division Monograph entitled, "The Abused Child: Victim, Instigator or Innocent Bystander", Reid, Patterson and Loeber [in preparation]) have investigated the relationship between the abused child's noncompliance and the likelihood that s/he will be the focus of hitting and spanking behavior by their parents. Results of one study showed that there was a significant and high correlation between rates of child noncompliance and parental

hitting. Several other studies identified discipline problems among abused children. Johnson and Morse (1968) describe physically abused children as uncontrollable and subject to severe tantrums, additionally, Morse, Sahler and Friedman (1970) and Reid and Taplin (1977) report that physically abused and neglected children have behavioral problems at home and at school.

3. Whining. The quality of a child's voice, whether it is during crying or other noisy sound production can be irritating to adults. Just as a child's smile can either have a winning or losing quality, when a child emits sounds that adult caregivers find irritating and provocative, s/he may suffer the consequences of either being ignored or yelled at in return. Just as the unattractive smiles of some Down's Syndrome children (Emde, et al., 1976) cannot be readily modified, so too is the case where a given child's voice quality, such as a whining tone, may not be modifiable and it becomes necessary for the adult(s) to understand and develop a tolerance for the child's peculiar sounds.

4. Sibling Rivalry. Parents often find it maddening when two or more of their own offspring pick on each other and in some instances engage in vicious fights. An analysis of the events leading up to such altercations often reveals that parents have inadvertently set up and reinforced this kind of behavior by either pitting the children against each other for parent attention or encouraging the children to burn off their excess energy on each other; this may temporarily spare the parents from some of the immediate hassle even though they do have to contend later with the disturbance and aftermath of fierce fighting. Inconsistent and

inequitable treatment of different children in the same family also contributes to some of the rivalry problems. Arguments and fights may be precipitated by the child who perceives himself as always coming out second in whatever transaction occurs between her/him and her/his other siblings whether it be in terms of clothes, food, toys or whatever. S/He may be desperately struggling for his/her equitable share of attention (love) from his/her parents--and negative attention is better than none at all.

5. Sexual Acting Out. In spite of the reported enlightenment of this culture regarding human sexuality, it remains a generally delicate if not taboo topic. When young and innocent children naturally demonstrate sexual curiosity and behavior, they often elicit all sorts of negative or anxious feelings from their adult caregivers, who themselves may have severe difficulties in this aspect of human behavior. Sexual activities are considered by some to be the result of evil forces or the devil. This may provoke adults to somehow try to drive out or exorcise these evil inclinations from a toddler or from a young child, who does not begin to comprehend what the interpretation of his behavior is on the adult's part. Such behavior may also elicit all sorts of guilt on the part of parents, who are inappropriately interacting with their children in sexually provocative ways. It is a behavioral way for the child to tell on the adult, whose need to deny this might be expressed in vigorous corporal punishment, verbal belittling, or "loving secret incest", the most insidious of all (Justice and Justice, 1976).

6. Dishonesty, Amoral. Various transparently dishonest child behaviors can elicit a response

from an adult designed to teach the child a lesson, often in such a painful manner as to far exceed the seriousness of lying, cheating, or stealing. Some diabolical adults even set the child up to commit an infraction and then descend upon him/her with a vicious vengeance. Dishonesty is frequently learned either as a means of avoiding punishment for forbidden behavior or in an effort to obtain something that does not rightly belong to the person. A child may attempt to compensate for an adult's not being satisfactorily gratifying in other realms by stealthfully taking something as a token of love from that adult. It is also likely that, at earlier stages of development, a child is simply not yet able to distinguish ownership of material possessions, since in a very young child's typical ego-centric universe everything and everyone revolves around him/her and thus belongs to him/her as desired. Some considerable although still inconclusive research has been done on the moral development of children (Hoffman, 1970; Lickona, 1976; and Kohlberg, 1976). New thrusts to study this phenomenon are now being launched by the Research Division of CHILDHELP, U.S.A./INTERNATIONAL's National University Network (Meier, 1982 and CHILDHELP Research Division Monograph entitled, "The Village of Childhelp, U.S.A.: A Comprehensive Continuum of Services for Abused Children and Their Families", Meier [in preparation]).

7. Swearing, Tantrums. One of the most dramatic ways of getting an adult's attention is to use that adult's choice swear words with adult intensity and voice inflection. Sometimes this violent (in the sense that it violates most socially acceptable language) verbal behavior is accompanied by violent behavior such as "throwing a tantrum"; as noted above, Johnson and Morse (1968) note that physically

abused children are subject to severe tantrums. Ironically, if this behavior elicits shocked or other obviously inept responses on the part of the adult(s), the child may in fact be encouraged or reinforced to get even better at it. Of course, when a child learns to swear and tantrum in a public place such as a supermarket, the response of the adult caregiver may be even more dramatic and thus satisfying to the child. The adult's inability to control the child's behavior often embarrasses the adult, forcing the adult to even more severe kinds of corrective disciplinary tactics, such as clobbering the child, to give the child something real to cry about.

8. Destroys Possessions. Very young children have a natural inquisitiveness about the world around them and frequently will attempt to either take something apart or break it apart in order to see what is inside or what makes it operate. If this becomes a means of gaining additional attention from caregivers, then such destructive behavior may become more persistent within the home. If this is the most effective way for the child to gain adult attention, much like temper tantrums, the breaking of breakable items throughout the home may become a child's means of communicating his/her desire for attention or anger at the item's owner. Frequently, parents will set a child up for destroying their prize possessions by pointing to those very things and instructing the child not to touch them, which simply cues the child into those things which will be most effective in getting a rise out of his/her parents. Moreover, the child may have observed the parents becoming frustrated and resorting to hitting the source of their frustration, including the child herself/himself. This behavior may subsequently be imitated

on the part of the child towards his/her toys which frustrate her/him or, when s/he is frustrated by adults, s/he may destroy those objects which are valued by the adults (Schaefer, 1978).

9. Unresponsive, Withdrawn. Although very aggressive, acting out and boisterous behavior can be quite obnoxious, the very passive and withdrawn child can be equally if not more exasperating to parents who are attempting to elicit specific desired behaviors from the child. Such a lack of responsiveness to verbal interaction could conceivably be due to a hearing loss and this certainly should be ruled out first.

More frequently, however, withdrawn and unresponsive behavior is a way for the child to express deeply festering anger and possibly fear by simply turning inward and refusing to communicate. This may be a form of passive aggression to express anger. Taken to its extreme, such apparent flatness of affect may be one of several symptoms found in childhood autism, in which case the child so completely turns inward that s/he seems to be out of contact with the outside world and other people. This becomes very frustrating to any caregiving adult who expects some response from the child.

In a study with 10 abused toddlers and 10 matched controls, George and Main (1979) found that abused children were much less likely to approach caregivers in a day care setting in response to friendly overtures. Abused children also exhibited approach/avoidance behavior in response to friendly peer and caregiver overtures. In another study designed to assess responsiveness in abused children, Hyman and Parr (1978) made controlled video observations of 5-6 year old abused children.

Findings indicated that abused children tended to avoid interaction of either a positive or negative kind with their mother. On the other hand, observations of abused young children and primates show them to cling to the abusing parent and indiscriminately approach and hang on to strangers in what Ainsworth (1978) describes as "anxious attachment". This rapid familiarity is frequently misinterpreted by some adults who want to believe that they are some kind of magical pied pipers instead of the unwitting foils of anxious children seeking security and even coming to them with insincere expressions of affection in exchange for unwarranted favors or goods.

10. Uncommunicative. Just as in number 9 above, the uncommunicative child can be very provocative and frustrating to parents or caregivers who would like to know what the child is thinking or feeling. Nonetheless, the child refuses to communicate even with body language let alone with spoken language. It represents a refusal to give anything, even a nod, back to an adult who may be becoming increasingly desperate to interact. In the above cited study by Hyman and Parr (1978) abused children also had significantly lower levels of vocalization with their mothers compared to normally developing non-abused children.

These provocative behaviors include a wide range of other behaviors which are too numerous to enumerate but are listed on such instruments as the Achenbach Behavioral Profiles (1979) under categories such as somatic complaints, schizoid behaviors, obsessive-compulsive, depressed, social withdrawal, hyperactive, delinquent, aggressive, and others all of which are broken down further into over one hundred distinctly observable and

quantifiable behaviors. These in turn are clustered under two larger headings, internalizing and externalizing, referring to whether a person acts out or turns inward as a characteristic response to stress, anxiety, frustration or child abuse.

D. STRESS

Just as there have been a series of weighted stressors identified for adults (Holmes and Rahe, 1967), there is a similar litany of events in a child's life which cause either chronic or transient stress. For example, besides experiencing a great deal of stress over common human crises like the death of a parent, sibling, other loved one, or experiencing a move to an unfamiliar location from a familiar one where friends and associations were comfortable, children may also experience considerable stress over more child-specific episodes like being held back a grade in school, or failing an important test, or not being chosen for a particular team, or being teased by fellow students or other kids on the block. A child who is experiencing stress may not understand its source and may become generally anxious, causing difficulty in concentration. S/He may do poorly at certain demanding, cognitive tasks and may become even more active or "hyper" due to an inability to focus on specific learning or problem-solving tasks. This is not to say that all stress is to be avoided; in fact, some stress, called eustress (Selye, 1956), is thought to be positive and may increase one's ability to cope with change and to survive crises.

III. ECOLOGICAL FACTORS

Child abuse ordinarily does not occur in a vacuum. In addition to the perpetrator and the victim, there are typically various situational

or contextual factors outside of the adult or child but which influence their behavior and interaction. Some of the more salient ecological/environmental factors are presented and briefly discussed below.

A. PARENTAL INTERACTION

1. Value/Cultural/Moral Conflicts. Several cultural anthropologists have reviewed the kinds of traditions which may contribute to child abuse. Korbin (1980) presents a cross-cultural perspective on child abuse and gives examples of various tribal traditions which would be considered child abuse in accordance with the American culture's practices. Such traditions as molding the shape of the head or the lips or the feet by various appliances, or the sacrifice of one's prized firstborn son to the gods, may seem inhumane to our "more enlightened" civilization, which practices such rites as circumcision, cosmetic orthodontia, cosmetic plastic surgery, etc. Traditional convictions such as "spare the rod and spoil the child", a maxim not to be found in the Bible but frequently cited as having Judeo-Christian origins, guide childrearing practices and may encourage the beating of children in order to beat the devil or the hell out of them (and goodness into them?). An alternative interpretation of the word rod is that of a measure of land (16.5 feet) or a symbol of authority ("Thy rod and thy staff comfort me" Psalm 23, Verse 4), and would refer to the importance of giving children limits or standards lest one spoil them by not establishing meaningful expectations for their acceptable behavior. If each of two parents have radically different notions about appropriate childrearing practices, stemming from contradictory cultural and/or religious traditions with which they were raised, such differences may give rise

to child abuse for the child who is caught in the middle and becomes the battleground.

Regarding the values espoused by child abusers in the United States: Gil (1970) documents attitudes of acceptance for the use of physical force by adult caretakers; Justice and Justice (1976) described abusive parents as having inappropriate values about the legitimacy of their needs gratification as compared to their child's; Ranbill (1974) documented the forces in the American society which justify violence; Gelles (1973) discussed the values and norms of violence in abusing families; and Gil (1970); Geis and Monahan (1976); Palmer (1972); and Pickney (1972) have argued that the level of child abuse in the U.S. society is partially due to cultural sanctioning of physically violent acts. Often, when parents differ in beliefs about the use of physical punishment, the more violent one is the more assertive and wins the arguments.

2. Marital Discord. High on the list of family factors present in child abuse cases in either a broken family (42%) resulting in single parent situations (24%) or marital discord (38%) (American Humane, 1977). The interpersonal strife between warring parents can and often does reach levels of such intensity that domestic violence is considered to be the most hazardous duty of law enforcement agents. A child who may have been conceived in an act of love and passion is often regarded as the embodiment of a caring relationship between a man and woman. Conversely, when the relationship turns sour the child(ren) represents the embodiment of that deteriorating and painful situation and may in fact become the personification of the dysfunctional relationship and become the target for their exasperation with each other. Parke and Collmer (1975) discuss the role of marital discord in abuse.

It is occasionally reported, and true of some cases at The Village, that a woman will live with a violent man and be somewhat relieved when his violence is directed at their children instead of at her. Moreover, she may have gotten into the relationship because she was accustomed to being the victim of such violence as a child and may have the unspoken conviction that that is in part what children are for, especially in role reversal circumstances wherein the children assume an adult capacity for meeting one or both of the parent's childish needs and are expected to bear the brunt of the cruelties of the adult world (Justice and Duncan, 1975; Justice and Justice, 1975; Morris and Gould, 1963; and Steele, 1970).

There are developmental studies (Martin, 1976) which suggest that there is a meaningful relationship between the stage of a given child's development and the concomitant stages of the adult's development, when s/he was abused in the preceding generation. For example, it may be far more difficult for a parent to cope with his/her child's going through the genital stage of development (from a Freudian psychoanalytic frame of reference) when the parent had difficulty mastering those developmental tasks and may still have some hangups about them. The child's behavior may unconsciously, if not openly, remind the parent about these unresolved hangups and revive much of the anxiety and stress the parent had experienced in the past. Adding to this complexity is the symbiotic nature of many marital relationships (Bergler, 1946) wherein one parent chose his/her spouse in an effort to vicariously fulfill certain developmental needs through the other so that a couple may present several unfulfilled stages of development and one

parent may be sparked to abuse their offspring at one stage and the other parent may be irresistibly provoked to child abuse at a later stage of the child(ren)'s development.

B. SINGLE PARENT

1. Divorced/Separated. With over 1/3 of the marriages in the United States now ending in divorce and many others being in stressful stages of dissolution, there are many single parents, usually mothers, who are attempting to singlehandedly meet the kaleidoscopic needs of their offspring. In spite of the wishful thinking on the part of many single parents, the evidence is mounting that children raised in such circumstances generally do less well than children in intact families in terms of their subsequent academic and personal lives (Kelly and Wollerstein, 1976; Jacobson and Margolin, 1979; and Jellinke and Slovik, 1981). In some instances, the elimination of the interpersonal stress between father and mother through physical separation has salutary effects on the home life atmosphere and may make life more tolerable for all involved in spite of the disadvantages.

2. Unwed Teenager. Compounding the aforementioned problems of being a single parent are other factors such as financial, physiological, and emotional immaturity characteristic of many teenage mothers (and fathers) who give birth to a child. The fact that there is an epidemic of such teen mothers who are reluctant to interrupt their pregnancies and choose to bring their pregnancies to term and then choose to keep their babies, does not augur well for the future of many of these children (Furstenberg, 1976, Ooms, 1979). The society is faced with a difficult dilemma in these cases,

since condemning them makes the plight of the mother and child even worse whereas condoning such unwed pregnancies by giving them special attention and services may be an encouragement to have more children. An additional insidious incentive for some youngsters to produce babies is to eventually sell them to some questionable or illegal adoption agencies.

C. FAMILY CHARACTERISTICS

1. Large Family/Continuous Child Care. Parents who have too many children, now popularly defined as more than two, may find the responsibility and constant demands on their time and energy to be simply too much for them to cope with satisfactorily. The physically and psychically draining nature of childrearing can eventually exhaust even the most committed parents, but is especially problematic when there are unwanted children and there is no way to get even temporary rest from them. Baldwin and Oliver (1975) report that 75% of the 34 families of severely abused children had four to nine children. Bishop (1971); Light (1974); and Gelles (1973) also implicate the role of large family size in child abuse. The phenomena of burnout in trained child careworkers and others in the helping professions eloquently testifies to the potential hazards of childrearing, even for persons who are trained and willingly entered such a field of endeavor (Freudenberger, 1974). Unless there are other supportive resources to refill one's physical and psychic reservoirs of coping energy, the person caring for one or more children may in fact run dry and be at his/her wits end until some precipitating event provokes an episode of exasperated or revengeful child abuse.

2. Unemployment. If both parents are unemployed and the family income is inadequate for anything beyond the bare necessities, resources may not be adequate for getting even occasional relief from childrearing, including babysitters, vacations, and day care. Justice and Duncan (1976); Oates and Hufton (1977); Kempe, Scherman, Steele, D. Droegemueller and Silver (1962) and Garbarino and Crouter (1977) clearly document the relationship between unemployment and child abuse. Unemployment is particularly problematic for the unwed teenager who has no marketable skills and may even be too young to successfully compete for sufficiently gainful employment. Moreover, as the economy recedes these inexperienced employees are ordinarily the first to be laid off or terminated and the last to be rehired, thus further adding to the depth of the economic and self-esteem disaster.

3. Social Isolation. Part of the system for helping parents cope with childrearing responsibilities was the extended family, which provided a kind of network of folk wisdom and experience-based advice, a willing and supportive network when the parent(s) became desperate for assistance or respite. Because of the high mobility in the U.S. today, most extended families have been disintegrated and new parents typically find themselves quite isolated from their next of kin.

In many cases, this isolation from what used to be an extended family is a deliberate move away from in-laws, who may have been abusive previously. Elmer (1967) found that abusive and neglectful parents fail to use social support systems. These two groups were also high on anomie, distrust and retreat from society. Similarly, Lenoski (1973) reports that 81% of the abusive families in his

sample preferred to "resolve crises alone" and that 89% of the abusive families having phones had unlisted numbers, compared to 12% of nonabusive families with unlisted numbers. Young (1964) noted that 95% of severe abuse families had no continuing relationships with others outside the nuclear family; 95% of these families did not belong to or participate in any organized groups.

4. Threats to Parental Authority. A new parent who is feeling somewhat insecure anyway about assuming a role for which he or she has had precious little formal or even informal preparation, may react to such a challenge by becoming quite authoritarian. S/He does not want to be confused with the facts when his/her mind is already made up about appropriate childrearing practices. This unyielding certainty, which may be a facade to mask a panic of uncertainty, often results in a very uptight approach to childrearing and an unwillingness to learn about or make allowances for the wide variations in normal child growth and development. Instead there is a relentless enforcement of his/her own narrow views and values upon the growing and developing child. Both the American Humane (1977) and CHILDHELP (Meier, 1980) data reveal that many abusing parents simply do not understand and/or cannot tolerate some of the behaviors of normally developing children, let alone abnormally developing ones.

Some of the unrelenting pressure upon the child to conform to very restrictive and unrealistic expectations may in part arise from a need for the parent to bolster his/her own sense of self-esteem, the child is one person at least whom s/he can manipulate and control. And, of course, as pointed out above, if these childrearing beliefs

and the means of instilling them are radically different between the two parents, additional stress and friction surrounds the child. Although grandparents were often mistaken in their rigid expectations for their children, at least they were consistently wrong and their children benefitted from the consistency - the rod of limits (above) is reassuring and comforting. How much better and more effective if they had been equally consistent in disciplining their children by catching them when they were behaving well and rewarding that instead, a practice leading to optimum child growth and development (Gordon, 1970).

5. Inadequate Income. Coupled with the many aforementioned ecological factors is frequently the inability of the parent(s) to provide an adequate home environment for a growing and developing child. When it is understood that an estimated $80,000 in 1980 dollars will be needed to raise a child to the age of majority (18 years old), most parents must be prepared to make many sacrifices and have a fairly constant income in order to provide the basic necessities of food, clothing, shelter and education for each of their children. Although it is quite difficult to prove conclusively that home conditions are sufficiently inadequate to constitute legal neglect, there is growing evidence that homes defined to be inadequate in accordance with accepted standards, which are presently being refined and promulgated, do contribute to child maldevelopment. Caldwell (1979) demonstrated that the level of stimulation found in a home was the single most predictive index to the child's subsequent overall performance in elementary school and on individual or group tests of intelligence. Garbarino and Crouter (1977) found that low economic

status accounted for the largest portion of variance as a contributor to child abuse.

D. CLASS AND COMMUNITY

1. Discipline and Violence. Whenever there is a power struggle between an adult and a child, the adult typically wins. If childrearing is regarded as a process of breaking a child's will and rendering him/her malleable, subservient and despirited, this can be done through various violent intrusions on his physical body and psychic space. Too often the term discipline gets translated into corporal punishment and child abuse when in fact the term refers to a disciple who is a devoted student or learner and who does not have to be taught to the tune of a hickory stick (Meier, 1982 and 1983). People in the culture of poverty tend to live in an environment where violence is the standard means for solving interpersonal problems. This attitude permeates the childrearing process as well (Gelles, 1973). Disbron, Doerr and Caufield (1977) found that physical punishment by abusive parents is the preferred discipline tactic. Further, child abusive parents opted for corporal punishment more frequently and use nonpunitive tactics less often than nonabusers; neglecters were in the middle. In another study, Reid, Taplin and Loeber (1982) found that abusive mothers displayed more verbal and physical aggression toward their children than nonabusive and distressed nonabusive comparison groups. The tradition of domestic violence is not only self-perpetuating but escalated in severity, requiring heavier doses to get the same results.

2. Ignorance Regarding Human Development. This section is clearly related to the previous discussion about parental authority. The folklore

of childrearing passed down through the generations suggest that "grandmother handed down a lot more than her china" (National Committee for Prevention of Child Abuse). The family tradition of beating, inflicting emotional stress and/or sexual abuse upon helpless children is a transgenerational passing on of brutal rites which ignore the human rights of children to pass happily and gently through normal stages of growth and development. However, it has been clearly demonstrated that the majority of persons who are parents for the first time have had no experience nor formal or even informal training to acquaint them with the normal milestones of human growth and development. Often they engage in a kind of competitive game to see if they can train their children to cry less, smile more, be toilet trained earlier, and speak earlier and better than the neighbors' or relatives' child(ren).

Tracey and Clark (1974) report that child abusers lack knowledge of child development and proper child care. Similarly, McClelland (1973) proposes that abuse perpetrated by otherwise "normal" individuals stems in part from lack of parenting skills and general child development knowledge. Parke and Collmer (1975) relate abuse to parental lack of knowledge and unrealistic expectations about children. Moreover, such unrealistic expectations may be applied to a child who has delayed development; then the developmental discrepancies become even more visible and frustrating to the parents.

IV. PRECIPITATING SITUATIONS AND/OR EVENTS

Situations and events leading to child abuse may take many forms and are typically not anticipated.

The following are some common conditions implicated in child abuse cases.

1. Child Misbehaves. If a child accidentally or intentionally fails to behave as parents expect, possibly causing some embarrassment or frustration for the parent, the parent may strike out at the child in order to at least stop the misbehavior or aggravation. The misbehavior may be something as inconsequential as spilling a glass of milk or failing to pick up his/her clothes; or it may be as serious as destroying a family heirloom or setting fire to the draperies. If the parents are operating under considerable stress anyways and possibly disagreeing about how to manage misbehavior, it is a ripe situation for one or both of the parents to step in and "teach the child a lesson" through psychological, verbal, or physical assault of one kind or another.

2. Argument. An argument between parents or between parent and child may be resolved by some physical confrontation or verbal putdown with which the parties cannot deal effectively and resort to violence to show who is boss regardless of right or wrong - "might makes right".

3. Scapegoating. In many instances, when adults reach the limit of their tolerance for stress from all sources and a child happens to misbehave in their presence, that child may be the "last straw" and become identified as a scapegoat to suffer for all of the pain the parent is feeling about multiple other life situations.

4. Child Crying. One of the most frequently mentioned precipitating events is a child's crying for a prolonged period of time for reasons not

understood by the adult. A child who is inconsolable can make a parent feel quite helpless and exasperated. It may cause the adult to resort to the statement, "I'll give you something to cry about" and then inflict visible physical damage for whatever invisible reasons a child had been crying earlier.

5. Fatigue. Persons who are not getting sufficient rest or sleep to renew their physical and psychological resources are particularly prone to "flying off the handle". Aircraft manufacturers and others are aware of the danger that metal, under constant stress, becomes fatigued before it totally breaks down. Unfortunately, we do not have equally refined testing devices for assessing the state of fatigue in the human being nor predicting the probability of a breakdown due to having been under constant stress for a prolonged period of time. The identification and weighting of stress factors mentioned earlier is a step in the desired direction. With appropriate refinement, such criteria will become increasingly useful and sensitive for assessing human mental fatigue and predicting physical and/or psychological breakdowns due to accumulating wear and tear, even taking into consideration that people have varying levels of coping ability and stress tolerance.

6. Frustration. A sense of frustration is experienced when one is confronted with a perplexing situation and when every effort to resolve a given problem seems to fail. For example, attempting to obtain employment and being told that there is nothing available for inexperienced persons, when there is no opportunity for getting the experience, can be most exasperating. Such frustration

typically engenders anger at the perceived source of the frustration. If the anger is turned inward, the person may feel worthless and have a low sense of self-esteem; if turned outward, some other target may be identified such as one's child(ren), who may be perceived as having prevented the individual from getting the necessary experience and training, when it was available. A mild form of misbehavior by a child in such an explosive situation can release a disproportionate reaction which may astound everyone involved.

V. CHILD ABUSE/NEGLECT EPISODE(S) AND INCIDENCE DATA

Any one or combination of the above or similar situations and events may lead to an episode of child abuse. The legal and other technical identification criteria for reportable child abuse are dealt with in other CHILDHELP publications and have been carefully dissected by several authorities (Besharov, 1981; Giovannoni and Becerra, 1977). The official definition promulgated by the National Center for Child Abuse and Neglect is mentioned at the outset of this monograph (U.S. Department H.E.W., 1975). Local resources such as the offices of State Attorney Generals often offer definitions and interpretations compatible with that State's other laws. The California Attorney General's Office produced an excellent pamphlet which contains the following brief definition of child abuse, which is then described in detail for the following fifteen pages of the pamphlet.

> To many, child abuse is narrowly defined as having only physical implications. In reality, child abuse is any act of omission or commission that endangers or impairs a child's physical or emotional health and development. This includes:

Physical Abuse and Corporal Punishment
Emotional Abuse
Emotional Deprivation
Physical Neglect and/or Inadequate Supervision
Sexual Abuse and Exploitation

> The infliction of injury or the resulting injury, rather than the degree, is the determinant for intervention. A parent or caretaker may begin by inflicting minor injuries and go on to cause more serious harm over a period of time. Therefore, detecting initially inflicted small injuries and intervening with preventive action may save a child from future permanent injury or death.
>
> Of course, inflicted physical injuries, physical neglect, and malnutrition are more readily detectable than the subtle intangible injuries which result from emotional maltreatment or deprivation (Deukmejian, 1978, p. 1).

To give the reader some appreciation of the actual numbers of cases of child abuse reported internationally, nationally in the United States, and within local counties and The Village, the following highlights are included.

International. More children four years or under are reported to die each year as a result of deliberately inflicted injury in developed countries than in countries not yet as developed. In developed countries reporting the number of childhood deaths that result from homicide or an injury inflicted by another person, the United States is second only to Northern Ireland in number of children

per thousand who are deliberately killed. Of the 52 countries reporting the number of intentional childhood killings, the U.S. ranks ninth behind El Salvador, Nicaragua, Mexico, Thailand, Puerto Rico, Columbia, Paraguay and Northern Ireland. With regard to the intentional killings of children under the age of five, the U.S. ranks seventh behind Hungary, Cuba, Japan, Austria, Uruguay and Czechoslovakia.

National/U.S.A. The number of reports of child maltreatment has been steadily increasing each year. Child maltreatment is reported most often by nonprofessionals, who include friends, neighbors, the victim, a responsible caretaker, perpetrator self-report, other family member, etc. Of professionals, social service personnel do the most reporting of suspected child abuse, followed by school, law enforcement and medical personnel in that order. Neglect is the most common form of child abuse reported nationwide. Over three-quarter of a million reports of child abuse were documented in the nation during 1980. This does not include reported/suspected but unverified cases of child abuse. See Table 1, from Besharov, 1981, for variations in child abuse incidence data, which reflects the wide variations in definitions of child abuse.

According to the National Center on Child Abuse and Neglect, over 1,000,000 children are abused or neglected each year in the U.S.A. Over 500,000 children were known to have been deprived of basic necessities in the U.S.A. in 1980 and another 55,000 were sexually abused. Well over 200,000 children were physically abused and over 2,000 children die each year as a result of abuse or neglect by their adult caretakers.

TABLE 1 SELECTED INCIDENCE STUDIES

Investigator	Definition of Countable Situation*	Finding
Abuse:		
Gil (1970)	Abuse that resulted in some degree of injury	2.5-4.1 mil
Helfer & Kempe (1972)	Officially reported abuse	60 thou.
Light (1973)	Re-analysis of Gil's data	200-500 thou.
Nagi (1977)	Officially reported abuse	167 thou.
Nagi (1977)	Unreported abuse	91 thou.
Gelles (1977)	Parent-to-child violence	1.4-1.9 mil
American Humane Association (1978)	Abuse officially reported to social services agencies	111 thou.
Neglect:		
Light (1973)	Neglect and other forms of maltreatment excluding abuse	465 thou.
Nagi (1977)	Officially reported neglect	432 thou.
Nagi (1977)	Unreported neglect	234 thou.
American Humane Association (1978)	Neglect officially reported to social services agencies	202 thou.

*Refer to Besharov (1981) for the definition used.

Although one male and one female caretaker compose a little over half of the homes where child abuse is detected, almost 40% are occupied by female adults alone. A child's own parents are almost always (96%) the ones to abuse him/her.

Almost 75% of abusive families are also characterized by family interactional problems such as spouse abuse, family violence, inability to cope with parenting, marital problems, new babies, family deaths, etc. Approximately one half of all abusive families are plagued by economic problems (including unemployment) and about 40% experience health problems. Approximately 17% of child abusing families are characterized by alcohol dependence.

Perpetrators of child abuse and neglect are most often between the ages of 20-35 with the number of cases decreasing with age of perpetrator. Almost one-third of abused children are under the age of four and almost 50% are under the age of seven; there is a gradual shift toward older children and adolescents as sexual abuse detection and reporting increases. Sexual abuse occurs more often with male perpetrators while deprivation of necessities occurs more often with female perpetrators. Sexual abuse is much more common with female than male children regardless of age.

California. Much of the statistical data of California resembles that of the nation, e.g., in percent of neglect vs. physical vs. sexual abuse cases, who tends to report such cases, family stress factors, etc. However, there were by far more cases of child abuse reported in California in 1980 than any other state in the country; in fact, California alone accounted for 12% of all reported cases in the U.S.A. (this means that more than 200 California children died due to child abuse). In California in 1980 over 50,000 children were reportedly neglected, over 20,000 were reportedly

physically abused and another 6,500 were reportedly sexually abused. With the exception of California, the West Coast reports many fewer cases of child abuse per capita than the East Coast.

The number of referrals accepted (i.e., considered worthy of follow-up) in the State of California is greater than the total number of reports (accepted or not) in any other state. The State of California received 97,329 reports of maltreatment in 1980; Florida received the second highest number of reports 67,627; New York was third with 55,937; and Texas received 45,030. If only the number of reports that were accepted for and verified by investigation were considered, California claimed 69,624 which is still higher than any other state's total number of reports. At an approximately 30% rate of attrition, the number of reports accepted would be reduced as follows:

State	Total # of Reports	Reports Accepted
California	97,329 (.004*)	69,624 (.003*)
Florida	67,627 (.006*)	47,399 (.005*)
New York	55,937 (.003*)	39,156 (.002*)
Texas	45,030 (.003*)	31,521 (.002*)

*of total population

Counties. Los Angeles County alone reported almost one-third of the child abuse cases in California in 1980. Second in number of cases reported was San Diego County with not quite one-tenth of the cases. Over 18,000 children were reportedly neglected in Los Angeles County in 1980 and another 6,000 were reported to be physically abused. Almost two-thirds of the reportedly abusive families in Los Angeles County receive public assistance.

Approximately 3,700 cases of child abuse were reported in Riverside County in 1980, with 1,700 neglected and 950 physically abused.

In almost all reported cases in California, the most common reason for closing a case was that the family had "stabilized". In Los Angeles County, almost half of the cases closed were for this reason and in Riverside and San Diego Counties this was true for more than half the cases closed.

The Village of Childhelp. While both abuse and neglect were most commonly reported in The Village cases, this combination was more rare than abuse alone or neglect alone nationwide. As is true in the nation, mothers are the most frequent perpetrators and, at The Village, they tended to range from 25 to 29 years of age but were typically much younger when the first abuse occurred.

Of the children who have left The Village, almost two-thirds have returned to one of the parents who placed them. This is only one measure of the efficacy of the Village reunification program. It is also an indication of how many quite adequate parents may be helped to learn how to appropriately manage their children. Other factual information regarding Village of CHILDHELP clients is presented in graphic form in updates of the Research Division's periodical progress reports (see Meier, 1981 and 1983).

VI. IDENTIFICATION AND REPORTING

Identification and reporting of suspected child abuse is necessary in order to bring cases to the attention of various authorities who can intervene in behalf of the child and his/her troubled family. This is important, not only for secondary prevention of any further instances or episodes of child abuse in a given child's life, but also

as a means by which primary prevention of child abuse might be effected. Since there are many sociological ramifications to proper identification and reporting subsequent CHILDHELP Research Monographs address these issues (see especially Summit, 1983 and Willey, 1983). Some very general characteristics exhibited by abused children and their parents and/or adult caretakers are included in a Self Instructional Text for Head Start Personnel (U.S. Department HEW, 1977), which publication is one of the rare products of two government agencies, the Head Start Bureau and the Children's Bureau (since the author of this monograph was the director of these two bureaus simultaneously, it was possible to effect such a happy marriage at that time).

Abused or neglected children are likely to share at least several of the following characteristics:

- They appear to be different from other children in physical or emotional makeup, or their parents inappropriately describe them as being "different" or "bad".

- They seem unduly afraid of their parents.

- They may often bear welts, bruises, untreated sores, or other skin injuries.

- Their injuries seem to be inadequately treated.

- They show evidence of overall poor care.

- They are given inappropriate food, drink or medication.

- They exhibit behavioral extremes: for example, crying often, or crying very little and showing no real expectation

of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive or destructive, or extremely passive and withdrawn.

- Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child; particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty in relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.

- They may exhibit a sudden change in behavior: for example, displaying regressive behavior -- pants wetting, thumb-sucking, frequent whining; becoming disruptive or becoming uncommonly shy and passive.

- They take over the role of the parent, being protective or otherwise attempting to take care of the parent's needs.

- They have learning problems that cannot be diagnosed. If a child's academic, IQ, and medical tests indicate no abnormalities but still the child cannot meet normal expectations, the answer may well be problems in the home -- one of which might be abuse and neglect. Particular attention should be given to the child whose attention wanders and who easily becomes self-absorbed.

- They are habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of parental concern or ability to regulate the child's schedule.

- In some cases, they frequently arrive at school too early and remain after classes rather than going home.

- They are always tired and often sleep in class.

- They are inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving subminimal care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns, or other marks of abuse.

The following are some possible characteristics of abusive or neglectful parents or caretakers:

- They are isolated from family supports such as friends, relatives, neighbors, and community groups; they consistently fail to keep appointments, discourage social contact, and never participate in school activities or events.

- They seem to trust no one.

- They themselves were abused or neglected as children.

- They are reluctant to give information about the child's injuries or condition. When questioned, they are unable to explain, or they offer far-fetched or contradictory explanations.

- They respond inappropriately to the seriousness of the child's condition: either by overreacting, seeming hostile or antagonistic when questioned even casually; or by under-reacting, showing little concern or awareness and seeming more preoccupied with their own problems than those of the child.

- They refuse to consent to diagnostic studies.

- They fail or delay to take the child for medical care -- for routine checkups, for optometric or dental care, or for treatment of injury or illness. In taking an injured child for medical care, they may choose a different hospital or doctor each time.

- They are overcritical of the child and seldom if ever discuss the child in positive terms.

- They have unrealistic expectations of the child, expecting or demanding behavior that is beyond the child's years or ability.

- They believe in the necessity of harsh punishment for children.

- They seldom touch or look at the child; they ignore the child's crying or react with impatience.

- They keep the child confined -- perhaps in a crib or playpen -- for overlong periods of time.

- They seem to lack understanding of children's physical, emotional, and psychological needs.

- They appear to be misusing alcohol or drugs.

- They cannot be located.

- They appear to lack control, or fear losing control.

- They are of borderline intelligence, psychotic, or psychopathic. While such diagnoses are the responsibility of a psychiatrist, psychologist, or psychiatric social worker, even the lay observer can note whether the parent seems intellectually capable of child-rearing, exhibits generally irrational behavior, or seems excessively cruel and sadistic (pp. 62-65).

VII. DIAGNOSIS AND TREATMENT

(Secondary and Tertiary Intervention/Prevention)

If a report of suspected child abuse is judged to be a legitimate case, a differential diagnosis

is necessary not only to arrive at a complete description of the nature and extent of the child abuse but also to identify all of the preceding events or factors which contributed to the particular reported episode. Following a clear-cut understanding of the dynamics underlying the child abuse should be an individualized treatment plan which would address the remediation of the pathological aspects of the perpetrator's abusive behavior, the child's own functioning, and the ecological factors which contributed to the child abuse. This is necessary to reduce or eliminate the possibility of future episodes from happening.

If it is necessary for the child to be removed from the custody of his/her family, the precautions must be taken to prevent undue additional abuse from being inflicted by the out-of-home care system. Strategies for secondary and tertiary prevention are presented and discussed in other CHILDHELP Research Division publications.

VIII. PRIMARY PREVENTION

The foregoing model and discussion have presented a framework for understanding the complicated dynamics and interactions found in most child abuse cases. It is hoped that the insights generated from analyzing the multifactorial dynamics of child abuse will ultimately lead to the prevention of such trauma in the lives of all children. This model serves as a framework for defining the dimensions and salient considerations of child abuse wherever and for whatever reasons it is occurring. Subsequent CHILDHELP Research Division monographs and other publications address the next steps in identification, intervention and prevention of child abuse.

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